



**AUSTRALIAN ENDURANCE RIDERS ASSOCIATION INCORPORATED
INVASIVE TREATMENT - VETERINARIAN**

To be completed by the Treatment Veterinarian

Please read the IT explanatory information leaflet before completing this form.

Please use BLOCK LETTERS except for Signatures.

Rider Bib No:

SECTION 1: RIDE, RIDER & HORSE DETAILS

RIDE INFORMATION	RIDE NAME	STATE	DATE OF RIDE / /
	RIDE ENTERED <input checked="" type="checkbox"/> () ENDURANCE () TRAINING () INTRODUCTORY	DISTANCE	KMS RIDE STARTED AM/PM

RIDER INFORMATION	RIDERS NAME	STATE MEMBERSHIP NO:
	IF A DAY MEMBER OBTAIN RESIDENTIAL ADDRESS:	

RESPONSIBLE MEMBER	MEMBERS NAME (IF NOT THE RIDER)	STATE MEMBERSHIP NO:
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HORSE INFORMATION	HORSES NAME			BREED
	AERA HORSE LOGBOOK NO:	COLOUR	AGE	SEX <input checked="" type="checkbox"/> () M () G () S

SECTION 2: ADMISSION, EXAMINATION and COST ESTIMATE

THE HORSE WAS PRESENTED TO ME AT : AM / PM ON THE / /	STAGE OF COMPETITION WHEN PRESENTED: <input checked="" type="checkbox"/> () PRE-RIDE () POST RIDE () OFF COURSE DURING LEG NO: ___ AND ___ KMS TRAVELLED () DURING HOLD TIME OFF LEG NO: ___
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PARAMETERS AT THE TIME OF PRESENTATION									
HR	RESP	TEMP	MUC MEM	CAP REFILL	SKIN RECOIL	HEART SOUNDS	GUT SOUNDS	MUSCLE TONE	BODY SCORE

PRESENTATION NOTES:

DIAGNOSIS:

The estimated cost of treatment assuming the horse's current condition does not deteriorate and the horse responds to the planned treatment is \$	I acknowledge the diagnosis, treatment plan and estimated cost. Rider / Responsible Members signature.
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SECTION 3: DISCHARGE & RELEASE CONDITIONS

PARAMETERS AT TIME OF DISCHARGE

HR	RESP	TEMP	MUC MEM	CAP REFILL	SKIN RECOIL	HEART SOUNDS	GUT SOUNDS	MUSCLE TONE

VETERINARY INSTRUCTIONS TO RIDER / RESPONSIBLE MEMBER:

() THE HORSE HAS RECOVERED SUFFICIENTLY TO BE RELEASED AND MAY TRAVEL AFTER () HOUR(S) BUT IS RELEASED SUBJECT TO CONTINUING OBSERVATION BY THE RIDER / RESPONSIBLE MEMBER.

() THE HORSE MUST BE PRESENTED TO THE FOLLOWING VETERINARY FACILITY FOR FURTHER OBSERVATION AND/OR TREATMENT. THE FACILITY HAS BEEN NOTIFIED () YES () NO
NAME OF VETERINARY FACILITY:

ADDRESS:

PHONE NUMBER:

() OTHER SPECIFY

TIME OF RELEASE	AM/PM	GRADE OF INVASIVE TREATMENT (circle)	Moderate or Severe
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SECTION 4: REST ORDER DETAILS

IS A REST ORDER BEING PLACED ON THIS HORSE? () YES () NO

IF YES, THE HORSE WILL BE INELIGIBLE TO COMPETE IN ANY AERA AFFILIATED EVENT FOR () WEEKS (MAX 52). THE TIME PERIOD SHALL COMMENCE FROM THE DATE OF THE TREATMENT BEING THE / /

THE REASON FOR THE REST ORDER IS:
() LAMENESS () INJURY () METABOLIC () OTHER (specify)

IF A REST ORDER HAS BEEN ISSUED, IS THE HORSE REQUIRED TO COMPETE AT ITS NEXT AFFILIATED ENDURANCE EVENT AT NOVICE LEVEL? () YES () NO

RIDER / RESPONSIBLE MEMBER TO READ AND SIGN

I acknowledge that the horse is released to me subject to the conditions listed in the Discharge section of this form and agree to abide by the instructions. I understand that the horse's logbook will not be returned until all veterinary fees have been paid and that the logbook may be retained by the Chief Steward if a Rest Order has been issued.

NAME:

SIGNATURE:

DATE: / /

PHONE:

EMAIL:

NAME	SIGNATURE	DATE	PHONE	EMAIL
TREATMENT VET		/ /		
HEAD VET		/ /		
CHIEF STEWARD		/ /		



**AUSTRALIAN ENDURANCE RIDERS ASSOCIATION INC.
INVASIVE TREATMENT - VETERINARIAN
TREATMENT RECORD**

To be completed by the treating Veterinarian.
Complete additional Treatment Record pages if required.

HORSES NAME:		RIDERS BIB No:
Date/time	Observations and/or details of treatment	Cost